

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>09/040539</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition			\$ <u>1280</u>							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>9</td><td>--</td><td>0</td><td>4</td><td>6</td><td>0</td></tr></table>			0	9	--	0	4	6	0
0	9	--	0	4	6	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>Imp Aband</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Giron, J</u>		TITLE: <u>ATTY</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-9199</u>									
OFFICE: <u>OP</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>3/15/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: